

JAMES L. BETLEYOUN



STYLE OF CASE: Michael W. Harris, et al.

vs.

Purdue Pharma L.P., et al.

CASE NO: C-1-01-428

PERTAIN TO: James L. Betleyoun

FROM: Cuyahoga Falls General Hospital
(Medical Records Department)
1900 23rd Street
Cuyahoga Falls, OH 44223
(330) 971-7000

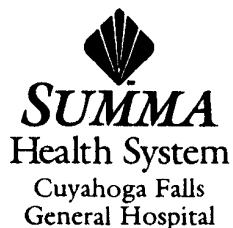
DELIVER TO: Mr. Phillip J. Smith
VORYS, SATER, SEYMOUR & PEASE, LLP
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221 East Fourth Street
Cincinnati, OH 45202

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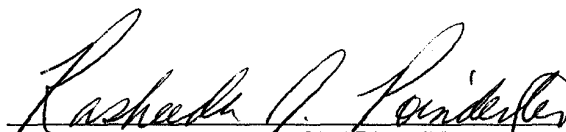
AFFIDAVIT CERTIFICATION OF MEDICAL RECORDS

I, **REBECCA S. VAN HORN**, Custodian of records housed in
CUYAHOGA FALLS GENERAL HOSPITAL Medical Records Department,
do certify that the attached records, consisting of 37 pages, are true and
accurate records for patient **JAMES L. BETLEYOUN**.

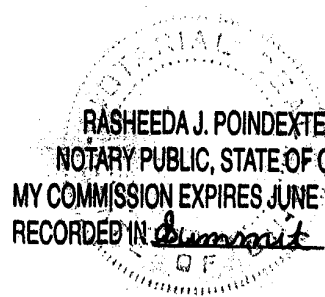
These copies have been made from records maintained during the normal course
of business.


Rebecca S. Van Horn, RHIT
Correspondence Clerk

In SUMMIT County in the state of OHIO sworn before me and signed in my
presence, a Notary Public, on this 29th day of August 2003.


NOTARY PUBLIC

www.summahealth.org


RASHEEDA J. POINDEXTER
NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION EXPIRES JUNE 12, 2005
RECORDED IN Summit COUNTY

FALLS PAIN MANAGEMENT CENTER
CUYAHOGA FALLS GENERAL HOSPITAL

NAME: James Betley DOB: [REDACTED] -51 FAMILY PHYSICIAN: Dr. Chen
 ADDRESS: 984 Boone CT, Akron, OH 44304 PHONE: 344-6015
 SS#: [REDACTED] -48-98 REFERRING PHYSICIAN: DR. LINDEN
 PHONE: HOME # [REDACTED] WORK # NA PHARMACY: Rite Aid
 PHONE: 724-7093

DIAGNOSIS:	ICD CODE	BWC APPROVED	DIAGNOSIS:	ICD CODE	BWC APPROVED
1. Cervical spondylosis	721.3	YES/NO	2. Lumbar spondylosis	721.3	YES/NO
3. DSD left hip	715.90	YES/NO	4.		YES/NO
5.		YES/NO	6.		YES/NO

BWC CLAIM: YES/NO CLAIM # _____
 DOI: _____ POR: _____
 EMPLOYER: _____
 MCO: _____
 CASE MGR: _____ PHONE: _____

DATE	PROCEDURE TYPE	PHYSICIAN
6-5-02	CONSULT	FA signed JB
10-2-02	OV	JB
1-21-03	OV	JB
4/23/03	OV	JB

DF

MEDICATIONS

HCTZ 25mg
 Capoten 125mg
 Atenolol 50mg
 Insulin

ALLERGIES:

*ASA
 *CODEINE
 *TORADOL
 VIVIDIN
 MSIR - well tolerated

CUYAHOGA FALLS GENERAL HOSPITAL PROGRESS NOTES

James Betleyoun

[illegible]

DR. _____

06/26/03 THU 10:22 FAX 1330 375 3014

TOXICOLOGY

FALLS PAIN CTR 003

Summa Health System

INSTANT REPORT

Patient name: BETLEYOUN, JAMES
 DOB: 12/15/1951 Age: 51 Sex: M
 Ord. Physician: CFGH, DOC
 Copy to: CFGH, DOC

M.R.N.: F000008806
 Account#: F00000002179
 Location: CUYAHOGA FALLS HOSPI
 Adm. Date: 06/25/03

Order Id : 66251001
 Date&Time Ordered: 06/25/03 12:24

FINAL

D R U G S C R E E N

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	PAV
COLLECTED 06/24/03 16:33					

****URINE DRUG SCREEN****

PAIN MANAGEMENT PANEL	****				I
	****				I
OXYCODONE (UR) PRESENT					

****COMMENT****

see below

I

The following were tested for in the sample submitted: Amphetamine, Methamphetamine, Cocaine and metabolites, Propoxyphene and metabolites, Codeine, Morphine, Hydrocodone, Hydromorphone, Oxycodone, and THC metabolites.

The sample was checked for dilution, substitution, and adulteration.


*****REVIEWED BY*****

B. Boyd MT ASCP
 1318972

I

****COMMENT****

I

6/26/03


*** - new results**

Department of Pathology and Laboratory Medicine
 Akron City Hospital (I) St. Thomas Hospital (II)
 525 E. Market St. 444 N. Main St.
 Akron, Ohio 44309 Akron, Ohio 44310

Patient : BETLEYOUN, JAMES
 M.R.N. : F000008806
 Location : CUYAHOGA FALLS HOSPITAL
 Ord. Phys: CFGH, DOC

KEY FOR ABNORMAL COLUMN: L-LOW, H-HIGH, AB-ABNORMAL, P-PANIC

Printed: 06/26/2003 09:05

PAGE: 1

500702.010.0003

02/18/03 TUE 10:42 FAX 1330 375 3014

TOXICOLOGY

FALLS PAIN CTR 002

Summa Health System

INSTANT REPORT

Patient name: BETLEYOUN, JAMES L
 DOB: 1/19/51 Age: 51 Sex: M
 Ord. Physician: BRESSI, JAMES
 Copy to: BRESSI, JAMES

M.R.N.: R00054031
 Account#: R00000645084
 Location: CUYAHOGA FALLS HOSPITAL
 Adm. Date: 02/17/03

Order Id : 62171249 FINAL
 Date&Time Ordered: 02/17/03 15:49

DRUG SCREEN

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	PAV
COLLECTED 02/17/03 12:02					

URINE DRUG SCREEN

PAIN MANAGEMENT PANEL ****
 Drugs in Urine None Detected

COMMENT see below

The following were tested for in the sample submitted: Amphetamine,
 Methamphetamine, Cocaine and metabolites, Propoxyphene and metabolites,
 Codeine, Morphine, Hydrocodone, Hydromorphone, Oxycodone, and THC metabolites.

The sample was checked for dilution, substitution, and adulteration.

REVIEWED BY B.Boyd MT ASCP
 COMMENT 1280738

* - new results

Department of Pathology and Laboratory Medicine
 Akron City Hospital(I) St. Thomas Hospital(II)
 525 E. Market St. 444 N. Main St.
 Akron, Ohio 44309 Akron, Ohio 44310

Patient : BETLEYOUN, JAMES L
 M.R.N. : R00054031
 Location : CUYAHOGA FALLS HOSPITAL
 Ord. Phys: BRESSI, JAMES
 KEY FOR ABNORMAL COLUMN: L-LOW, H-HIGH, AB-ABNORMAL, P-P
 PAGE: 1

Printed: 02/18/2003 08:14

500702.010.0004



CUYAHOGA FALLS GENERAL HOSPITAL

DEPARTMENT OF RADIOLOGY/NUCLEAR MEDICINE

NAME: BETLEYOUN, JAMES L DOB: [REDACTED]/51 AGE: 50Y SEX: M LOC: DIS - O/P
 DATE OF EXAM: 06/13/02 1215 XRAY#: C143-443 MED REC#: C00182943
 ORD DR: BRESSI, JAMES P ATT DR: BRESSI, JAMES P ACC#: C0216400038
 REF DR: ADM DIAG: RAD

Chk-in #	Order	Exam	
471476	0001	7560	MR C-SPINE WO/ENHANCE
471476	0001	7630	MR LUMBAR SPINE WO/ENHANCE

MRI CERVICAL SPINE WITHOUT ENHANCEMENT:

INDICATION: Neck pain.

Axial and sagittal spin and gradient echo T1W and T2W images were obtained. No prior study is available for comparison.

An asymmetric disc herniation is shown at C4-5, favoring the left and compressing the spinal cord and exiting left C5 nerve root. At C5-6, a central disc herniation is shown compressing the spinal cord. Mild posterior bulges are shown at C3-4 and C6-7 with effacement of the anterior CSF space. Neural foramina are patent bilaterally except at C4-5. Other than for constriction at C4-5 and C5-6, the spinal cord shows no focus of signal alteration. No paravertebral abnormality is detected.

IMPRESSION: Asymmetric disc herniation at C4-5 favoring the left with compression of the spinal cord and exiting left C5 nerve root.

Central disc herniation at C5-6 with cord compression.

Degenerative disc disease and mild posterior bulging at C3-4 and C6-7.

LUMBAR SPINE MRI WITHOUT CONTRAST:

INDICATION: Low back pain, left hip and upper left thigh pain.

Axial and sagittal spin echo T1W and T2W images were obtained. No

6/2/02

COMPLETE (Continued)
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AKRON RADIOLOGY, INC.

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 320007 D (Rev. 3-02)

500702.010.0005



CUYAHOGA FALLS GENERAL HOSPITAL

DEPARTMENT OF RADIOLOGY/NUCLEAR MEDICINE

Page 2

NAME: BETLEYOUN, JAMES L DOB: [REDACTED]/51 AGE: 50Y SEX: M LOC: DIS - O/P
DATE OF EXAM: 06/13/02 1215 XRAY#: C143-443 MED REC#: C00182943
ORD DR: BRESSI, JAMES P ATT DR: BRESSI, JAMES P ACC#: C0216400038
REF DR: ADM DIAG: RAD

Checkin-Exam Code Summary
471476-7560, 471476-7630

prior study is available for comparison.

There is minimal signal alteration in the L2-3, L3-4 and L4-5 discs. Mild circumferential bulging is observed at L3-4 and L4-5. No significant disc herniation or spinal stenosis is otherwise identified. The spinal canal and neural foramina are patent. The conus terminates at approximately T12.

IMPRESSION: Minimal degenerative changes and circumferential bulging at L3-4 and L4-5. There is otherwise no evidence of disc herniation or spinal stenosis.

Read By: B. NELSON ESSLET M.D.
Released By: B. NELSON ESSLET M.D.
CAL
06/13/02 1527
06/14/02 1245

COMPLETE
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07320007 D (Rev 3-02)

500702.010.0006



CUYAHOGA FALLS GENERAL HOSPITAL

DEPARTMENT OF RADIOLOGY/NUCLEAR MEDICINE

NAME: BETLEYOUN, JAMES L DOB: [REDACTED]/51 AGE: 50Y SEX: M LOC: DIS - O/P
DATE OF EXAM: 06/13/02 1218 XRAY#: C143-443 MED REC#: C00182943
ORD DR: BRESSI, JAMES P ATT DR: BRESSI, JAMES P ACC#: C0216400038
REF DR: ADM DIAG: RAD

Chk-in # Order Exam
471477 0002 3391 XR ORBITS, FOREIGN BODY

ORBITS:

INDICATION: Foreign body.

Waters and lateral views of the orbits show no metallic opacities in the vicinity of the orbits. The visualized paranasal sinuses are clear.

IMPRESSION: No evidence of metallic foreign bodies in the orbits.

Read By: B. NELSON ESSIET M.D.
Released By: B. NELSON ESSIET M.D.
CAL
06/14/02 1243
06/14/02 1148

COMPLETE

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07320007 D (Rev. 3-02)

500702.010.0007

6-11-02

Summa Health System

Bress

DAILY REPORT

Patient name: BETLEYOUN, JAMES L
 DOB: [REDACTED] 1951 Age: 50 Sex: M
 Ord. Physician: CFGH,
 Copy to: CFGH,

M.R.N.: R00054031
 Account#: R000055221
 Location: CUYAHOGA FALLS HOSPI
 Adm. Date: 06/06/02

Order Id : 54061733
 Date&Time Ordered: 06/06/02 18:19

FINAL

D R U G S C R E E N

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	PAV
COLLECTED 06/05/02 23:26					

****URINE DRUG SCREEN****

PAIN MANAGEMENT PANEL	****				I
Drugs in Urine	Present				I
	****				I

Propoxyphene and or metabolites present

****COMMENT****

see below

I

The following were tested for in the sample submitted: Amphetamine, Methamphetamine, Cocaine and metabolites, Propoxyphene and metabolites, Codeine, Morphine, Hydrocodone, Hydromorphone, Oxycodone, and THC metabolites.

The sample was checked for dilution, substitution, and adulteration.

REVIEWED BY
 COMMENT

N.O'Donnell PhD
 1203254

I
I

Oh
6/6/02
O

*** - new results**

Department of Pathology and Laboratory Medicine
 Akron City Hospital(I) St. Thomas Hospital(II)
 525 E. Market St. 444 N. Main St.
 Akron, Ohio 44309 Akron, Ohio 44310

Patient : BETLEYOUN, JAMES L
 M.R.N. : R00054031
 Location : CUYAHOGA FALLS HOSPITAL-
 Ord. Phys: CFGH,

KEY FOR ABNORMAL COLUMN: L-LOW, H-HIGH, AB-ABNORMAL, P-PANIC

1 of 14, 240 of 292

PRINTED 06/08/02 04:31

Page: 1 of 1

500702.010.0008

06/07/02 FRI 07:58 FAX 1330 375 3014

TOXICOLOGY

FALLS PAIN CTR 002

Summa Health System

AutoReporting

Patient name: BETLEYOUN, JAMES L
 DOB: [REDACTED]/1951 Age: 50 Sex: M
 Ord. Physician: CFGH,
 Copy to: CFGH,

M.R.N.: R00054031
 Account#: R0000055221
 Location: CUYAHOGA FALLS HOSPI
 Adm. Date: 06/06/02

Order Id : 54061733
 Date&Time Ordered: 06/06/02 18:19

D R U G S C R E E N

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	PAV
COLLECTED 06/05/02 23:26					

****URINE DRUG SCREEN****

PAIN MANAGEMENT PANEL	****				I
Drugs in Urine	Present				I
	****				I
<u>Propoxyphene and or metabolites present</u>					

****COMMENT**** see below I

The following were tested for in the sample submitted: Amphetamine, Methamphetamine, Cocaine and metabolites, Propoxyphene and metabolites, Codeine, Morphine, Hydrocodone, Hydromorphone, Oxycodone, and THC metabolites.

The sample was checked for dilution, substitution, and adulteration.

REVIEWED BY	N.O'Donnell PhD	I
COMMENT	1203254	I

*** - new results**

Department of Pathology and Laboratory Medicine
 Akron City Hospital (I) St. Thomas Hospital (II)
 525 E. Market St. 444 N. Main St.
 Akron, Ohio 44309 Akron, Ohio 44310

Patient : BETLEYOUN, JAMES L
 M.R.N. : R00054031
 Location : CUYAHOGA FALLS HOSPITAL-
 Ord. Phys: CFGH,

KEY FOR ABNORMAL COLUMN: L-LOW, H-HIGH, AB-ABNORMAL, P-PANIC

Printed: 06/07/02 08:39

PAGE: 1

500702.010.0009

CUYAHOGA FALLS
GENERAL HOSPITAL

James Betley

DO NOT USE THIS SHEET UNLESS
A RED NUMBER APPEARS

DATE	TIME	DESCRIPTION
2/7/03	1020	<p>① Lisa Richard</p> <p>1) Read from the rules Richard <u>not</u> sang all fire made with fire, what he, sang other <u>made</u> with fire?</p> <p>2) Miss drug screen</p> <p>3) Check fire on internet site</p> <p>4) <u>Refill</u> rule only listed due date</p> <p>5) Patient in zone, stand for check</p> <p>James</p>

THIS BOX FOR INITIAL EVALUATION ONLY

PAST HISTORY:

FAMILY HISTORY:

SOCIAL HISTORY:

HISTORY/CHIEF COMPLAINT:

Location:

Quality:

Date:

Time:

Severity 1 - 10:

Associated Symptoms:

REVIEW OF SYSTEMS

	No	Yes	Comment
Constitutional			
Fever		✓	Due to bronchitis
Weight Loss	✓	✓	approx 10 lb
Gain			
	Neg	Pos	Comment: Review of Diagnostic Test
Head, Eyes, Ears, Nose, Throat		✓	Conjunctivitis. Prod cough previously - dry now
Cardiovascular		✓	8/10 running high - 4-5 eggs 1/2
Pulmonary		✓	Bronchitis on Clonidine in another antibiotic (see comments)
Gastrointestinal		✓	
Genitourinary		✓	
Musculoskeletal		✓	Pain continuous, neck, but shoulder blades, & lower back
Skin		✓	
Neurological		✓	
Psychiatric		✓	Depression
Endocrine		✓	
Allergy		✓	Asst Codex Tardel Vicodin

PHYSICAL EXAMINATION:

Orientation/Psych:

Ax3
Appropriate
Depressed
Abnormal

Neurological:

CN II-IV WNL
Reflexes intact
Sensation WNL
Abnormal

Gastrointestinal:

BS pos x 4
Neg distention
Neg tenderness
Neg masses

Cardiovascular:

Regular w/o murmur/rub/gallops
Abnormal

Skin:

WNL
Abnormal

Pulmonary:

CTA

Lymphatic nodes:

Neck
Axilla
Cervical
Inguinal

RUE tenderness:

swelling
atrophy
muscle strength 0-5
Abnormal

RLE tenderness:

swelling
atrophy
muscle strength 0-5
Abnormal

Musculoskeletal:

Spine tenderness
Spine swelling
Spine deformity

LUE tenderness:

swelling
atrophy
muscle strength 0-5
Abnormal

LLE tenderness:

swelling
atrophy
muscle strength 0-5
Abnormal

PLAN:

Procedure:

Lumbar Steroid Epidural
Thoracic Steroid Epidural
Cervical Steroid Epidural
Stellate Ganglion Block
Facet Level
Trigger Point Inj Site
Celiac Plexus
Lumbar Sympathetic

Lysis of Adhesions
Spinal Cord Stimulator
Intrathecal Pump
Sacral Injection
OMT
Intrathecal Morphine Trial
Baclofen Trial
IM Injection

OTHER

Psych Eval
FCE/work Screen
Physical Therapy
Occupational Therapy
Comprehensive Pain Program
EMG/NCT
Dietary
Counseling
Neuro. Consult for Sleep

LAB

Drug Screen
Liver profile
CBC
Sed Rate

RADIOLOGY

Chest X-Ray
L Spine
C Spine
KUB
Abd
MRI of
CT of

Signed:

FU

Scheduled

Physician Progress Note
Pain Management Clinic
Cuyahoga Falls General Hospital

Bethel, James
12/23
10:40

500702.010.0012

500702.010.0013

10/02/02 M 02275-00097
BETLEYOUN, JAMES L
BRESSI, JAMES P 10/02/01

Physician Progress Note
Pain Management Clinic
Cuyahoga Falls General Hospital

PLAN:

Procedures:

Medications:

Other:

LAB:

PHYSIOLOGY:

REVIEW OF SYSTEMS:

PHYSICAL EXAMINATION:

REVIEW OF DIAGNOSTIC TESTS:

Comments:

Associated Symptoms:

Location:

Severity 1 - 5:

Quality:

Duration:

Date:

Time:

SOCIAL HISTORY:

FAMILY HISTORY:

PAST HISTORY:

BETLEYOUN, JAMES L 10/02/02 2:30

Patient:
Date/Time:

JAMES BELLEGOUN
6-5-02 4:17

021560-00303

PHYSICIAN PROGRESS NOTE
PAGE 2 OF 2

PHYSICAL EXAM:

Orientation/Psych:

A/Ox3

Appropriate

Depressed

Abnormal

Affect w/ vocal
voiceless

Cardiovascular:

Regular without murmur/rub/gallops

Abnormal

Pulmonary:

CTA

Abnormal

Gastrointestinal:

BS pos x4

Neg distention

Neg tenderness

Neg masses

Musculoskeletal:

Spine tenderness

Spine swelling

Spine deformity

Neg.

Pos.

RUE tenderness

swelling

atrophy

muscle strength 0-5

Abnormal

RLE tenderness

swelling

atrophy

muscle strength 0-5

Abnormal

Skin:

WNL

Abnormal

Neurological:

CN II-IV WNL

Reflexes intact

Sensation WNL

Abnormal

Lymphatic: nodes

Neg.

Pos.

Neck

Axilla

Cavicular

Inguinal

Review of Diagnostic Tests:

DIAGNOSIS AND
CPT CODES:

PLAN:

PROCEDURE

Lumbar Steroid Epidural

Thoracic Steroid Epidural

Cervical Steroid Epidural

Stellate Ganglion Block

Facet Level

Trigger Point Injection Site OMT

Celiac Plexus

Lumbar Sympathetic

Lysis of Adhesions

Spinal Cord Stimulator

Intrathecal Pump

Sacroiliac Injection R L OMT

Intrathecal Morphine Trial

Baclofen Trial

OTHER

Psych Eval

FCE/work screen

PT

OT

Comprehensive Pain Program

EMG/NCT

Dietary

Consultation

Neuro. Consult for Sleep

Drug screen

Liver profile

CBC Diff

Sed rate

RADIOLOGY

CXR

L Spine

C Spine

KUB

Abd

MRI

CT

IM Injection

Medications

F/U

Physician signature

Condition of Injection Site		Discharge Mode	
Swelling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ambulatory <input type="checkbox"/> Cart	<input type="checkbox"/> Wheelchair
Drainage	<input type="checkbox"/> Yes <input type="checkbox"/> No	Time of Discharge _____	

Patient Reports (check one)	Increased	Same	Decreased
Frequency of pain		✓	
Duration of pain		✓	
Down time	✓		
Mobility		✓	
Use of supportive equipment <i>cane</i>		✓	
Need for additional pain meds	✓ <i>slightly</i>		
Sleep		✓	

Pain intensity scal (Circle) 0-1-2-3-4-5-6-7-8-9-10

Description of pain Sharp, dull

Location of pain upper back, lower B. side, knees, neck

DISCHARGE

Return to FPMC _____ Date _____ Time _____

Procedure _____

Condition of Injection Site		Discharge Mode	
Swelling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Cart <input type="checkbox"/> Wheelchair
Drainage	<input type="checkbox"/> Yes <input type="checkbox"/> No	Time of Discharge _____	

Patient Reports (check one)	Increased	Same	Decreased
Frequency of pain		<input checked="" type="checkbox"/> Constant	
Duration of pain		<input checked="" type="checkbox"/>	
Down time		<input checked="" type="checkbox"/>	
Mobility		<input checked="" type="checkbox"/>	
Use of supportive equipment		<input checked="" type="checkbox"/> Neck, leg, etc.	
Need for additional pain meds		<input checked="" type="checkbox"/>	
Sleep		<input checked="" type="checkbox"/>	

Pain intensity scale (Circle) 0--1--2--3--4--5--6--7--8--9--10

Description of pain constant ache, neck pain causes headaches
& when NS starts then he knows its time to take pain med.
 Location of pain neck, between shoulder blades, @ lower back
Pain meds start wearing off about 6 1/2 - 7 hrs

DISCHARGE

Return to FPMC _____ Date 11/2/03 _____ Time _____

Procedure Q

107590005 D S2/2 (Rev 6-02)

500702.010.0018

Condition of Injection Site		Discharge Mode	
Swelling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Cart <input type="checkbox"/> Wheelchair
Drainage	<input type="checkbox"/> Yes <input type="checkbox"/> No	Time of Discharge _____	

Methadone is not helping

Patient Reports (check one)	Increased	Same	Decreased
Frequency of pain	<i>✓</i>		
Duration of pain	<i>✓</i>		
Down time			
Mobility			<i>✓</i>
Use of supportive equipment		<i>✓</i>	
Need for additional pain meds	<i>✓?</i>	<i>✓</i>	
Sleep		<i>✓</i>	

*wants
MRI
results
from
bone*

Pain intensity scale (Circle) 0--1--2--3--4--5--6--7--8--9--10

Description of pain *constant, aching*

Location of pain *LBP, hip, neck*

DISCHARGE

Return to FPMC _____ Date *10/2/02* Time _____

Procedure _____

FALLS PAIN MANAGEMENT CENTER
 CUYAHOGA FALLS GENERAL HOSPITAL
 NURSING FLOW SHEET

02156-00303

Pt Name: Betheloun, James 4:10
 Diagnosis: 6-500 Date:

	PRE	MEDS. ADM.	POST ANESTHETIC RECOVERY SCORE				
			MODALITY SCORE	CRITERIA	INT	15 MIN	D/C
BP	147/91						
RESP.	<input checked="" type="checkbox"/> Easy <input type="checkbox"/> Labored <input type="checkbox"/> Shallow	<input type="checkbox"/> Easy <input type="checkbox"/> Labored <input type="checkbox"/> Shallow	ACTIVITY	2 Lift head/gd. hand grasp 1 Weak hand grasp-uncoord. 0 No movement to command			
Pulse Ox			RESPIRATION	2 Deep breath/cough 1 Dyspnea/min resp off 0 Apneic			
Cardiac	Monitored? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Rhythm <u>112</u> Rate <u> </u>	Monitored? <input type="checkbox"/> Yes <input type="checkbox"/> No Rhythm <u> </u> Rate <u> </u>	CIRCULATION	2 BP +/- 20% of pre-anesth 1 BP +/- 20-50% pre-anesth 0 BP +/- 50% pre-anesth			
LOC	<input checked="" type="checkbox"/> A & O <input type="checkbox"/> Sleeping <input type="checkbox"/> Easily Aroused	<input type="checkbox"/> A & O <input type="checkbox"/> Sleeping <input type="checkbox"/> Easily Aroused	CONCIOUS-NESS	2 Fully awake 1 Arouseable on calling 0 Not responding			
O2 Therapy	Rate & Route <u>RA</u>	Rate & Route <u> </u>	COLOR	2 Pink 1 Pale/ dusky/ blotchy 0 Cyanotic/ jaundice			
			TOTALS				
IV	Location <u> </u> Rate <u> </u> Catheter <u> </u> Solution <u> </u>						
Recovery Room Vitals				Received in R.R. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Diet No <u> </u>			
TIME	BP	PULSE	RATE	NURSES' NOTES			
				Initial exam oral & H/P completed per Dr. Messer. Contrab received & OK'd [Signature]			
				Nurse Signature: <u> </u>			

Condition of Injection Site	Discharge Mode
Swelling _____ yes _____ no	<input checked="" type="checkbox"/> ambulatory _____ cart _____ wheelchair
Drainage _____ yes _____ no	_____ Time of discharge

Patient Reports (check one)	Increased	Same	Decreased
Frequency of pain	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Duration of pain	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Down time	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mobility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Use of supportive equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Need for additional pain meds	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sleep	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Pain intensity scale: (Circle) 0--1--2--3--4--5--6--7--8--9--10

Description of pain:

Location of pain:

DISCHARGE

Return to FPMC:

Date

Time

Procedure:

CUYAHOGA FALLS GENERAL HOSPITAL
1900 TWENTY-THIRD STREET - CUYAHOGA FALLS, OH 44223

PRINTED: 06/24/03 04:13pm

OUTPATIENT RECORD

PATIENT INFORMATION:
BETLEYOUN, JAMES L
1012 TUSCARAWAS ST
AKRON, OH, 44705
HOME PHONE: (330) 000-0000
WORK PHONE:

SS#: [REDACTED]-4898
DOB: [REDACTED]/51
AGE: 51Y SEX: M
M/S: D RACE: 1
REL: PRO ORGAN:
AMD:
CLASS LNG: E

PATIENT EMPLOYER:
J R JONES
OCCUP:
EMP STATUS: FULL TIME

GUARANTOR INFORMATION:
BETLEYOUN, JAMES L
1012 TUSCARAWAS ST E
AKRON, OH, 44705
HOME PHONE: (330) 000-0000
WORK PHONE:

SS#: 288-50-4898
DOB: 10/22/51
AGE: 51Y SEX: M
REL: SELF

GUARANTOR EMPLOYER:
J R JONES
OCCUP:
EMP STATUS: FULL TIME

CONTACT INFORMATION:

BETLEYOUN, TASHA

HOME PHONE: (330) 477-8381 WORK PHONE: EXT: REL: DAUGHTER

HOME PHONE: WORK PHONE: EXT: REL:

INSURANCE INFORMATION:
DISABILITY ASSISTANCE
PO BOX 2645
COLUMBUS OH 43266

SUBSCRIBER INFO:
BETLEYOUN, JAMES L
REL: PATIENT IS INSU
PHONE: (330) 643-7028

POLICY NUMBERS:
ID: 774154750401
GROUP:
AUTH:

REL:
PHONE:

ID:
GROUP:
AUTH:

REL:
PHONE:

ID:
GROUP:
AUTH:

REL:
PHONE:

ID:
GROUP:
AUTH:

ENCOUNTER INFORMATION:
ADMT: 1115 BRESSI, JAMES P
ATTN: 1115 BRESSI, JAMES P
REF:

PREV ADM: 05/23/03
MRSA:
INJ INFO:

ARRIVAL MODE
SRC: 1 TYPE: 3 SVC: MED
LOCATION LAB

PT ALLERGIES:
ADM DX: 721.0-CERVICAL SPONDYLOSIS
WRK DX: 721.0-CERVICAL SPONDYLOSIS

ADMT COMMENT:

ADM DATE: 06/24/03 TIME: 04:12pm
D/C DATE: 06/24/03 AD REP CMK
P/T: O/P ACCT#: 03175-00281
F/C A UNIT#: 00182943

*lab work
6-24-03*

CUYAHOGA FALLS GENERAL HOSPITAL
1900 TWENTY-THIRD STREET - CUYAHOGA FALLS, OH 44223

PRINTED: 04/23/03 06:17am

OUTPATIENT RECORD

PATIENT INFORMATION:
BETLEYOUN, JAMES L
984 BOONE CT
AKRON, OH, 44306
HOME PHONE: (330) 696-9852
WORK PHONE: (330) 848-6000

SS#: 288-50-4898
DOB: 10/22/51
AGE: 51Y SEX: M
M/S: D RACE: 1
REL: PRO ORGAN:
AMD:
CLASS LNG: E

PATIENT EMPLOYER:
B&C RESOURCE
842 NORTON AVE
BARBERTON, OH,
OCCUP: MACHINIST
EMP STATUS: FULL TIME

GUARANTOR INFORMATION:
BETLEYOUN, JAMES L
984 BOONE CT
AKRON, OH, 44306
HOME PHONE: (330) 696-9852
WORK PHONE: (330) 848-6000

SS#: 288-50-4898
DOB: 10/22/51
AGE: 51Y SEX: M
REL: SELF

GUARANTOR EMPLOYER:
B&C RESOURCE
842 NORTON AVE
BARBERTON, OH,
OCCUP: MACHINIST
EMP STATUS: FULL TIME

CONTACT INFORMATION:

BETLEYOUN, TASHA
HOME PHONE: (330) 477-8381 WORK PHONE: EXT: REL: DAUGHTER
HOME PHONE: WORK PHONE: EXT: REL:

INSURANCE INFORMATION:
COUNTY WELFARE OP
SUMMIT CTY GENERAL ASSIST
AKRON OH 44308

SUBSCRIBER INFO:
BETLEYOUN, JAMES L
REL: PATIENT IS INSU
PHONE:

POLICY NUMBERS:
ID: 774154750401
GROUP:
AUTH:

REL:
PHONE:

ID:
GROUP:
AUTH:

REL:
PHONE:

ID:
GROUP:
AUTH:

REL:
PHONE:

ID:
GROUP:
AUTH:

ENCOUNTER INFORMATION:
ADMT: 2154 GEIGER, ROBERT S
ATTN: 2154 GEIGER, ROBERT S
REF: 3333 NOFAMILY, PHYSICIAN

PREV ADM: 02/17/03
MRSA:
INJ INFO:

ARRIVAL MODE
SRC: 1 TYPE: 3 SVC: MED
LOCATION PNM

PT ALLERGIES:
ADM DX: 715.95-OSTEOARTHROS NOS-PELVIS
WRK DX: 721.0-CERVICAL SPONDYLOSIS

ADM DATE: 04/23/03 TIME: 06:17am
D/C DATE: 04/23/03 AD REP DEM
P/T: PNM ACCT#: 03113-00124
F/C A UNIT#: 00182943

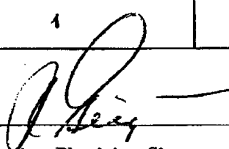
ADMT COMMENT:

500702.010.0024



Cuyahoga Falls General Hospital
 1900 23rd Street
 Cuyahoga Falls, Ohio 44223

Patient Name BETLEYOUN, JAMES L		Sex Male	Birthdate 1951	Age 51	Medical Record Number 00182943	Account Number 0311300124
Admit Date 04/23/03		Discharge Date 04/23/03		LOS 1	Disposition O/P Disp to Home or Self	
Primary Pay Source Welfare				Attending Physician GEIGER, ROBERT		ID Num. 2154
DRG Code 245	DRG Text BONE DISEASES AND SPECIFIC ARTHROPATHIES without CC				Discharge Service 90 ANESTHESIOLO	
DRG Weight 0.4698	Average LOS 3.4000	Geometric Mean LOS 2.7000		Outlier Threshold 0	Estimated Reimbursement 2366.92	
Coded Date 04/24/03		Coder CAR			Patient Type Outpatient	
Admit DX	Admit Diagnosis Text					
71595	OSTEOARTHRISIS, UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED, PELVIC					
Prin. DX	Principal Diagnosis Text					
71595	OSTEOARTHRISIS, UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED, PELVIC					
DX Code	Secondary Diagnosis Text					
7210 7213	CERVICAL SPONDYLOSIS WITHOUT MYELOPATHY LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY					
Prin. RX	Principal Procedure Text				Date	Surgeon
RX Code	Secondary Procedure Text				Date	Surgeon
CPT Code and Modifier(s)	CPT Procedure Text				Date	Surgeon


 Attending Physician Signature

Page 1 of 1

Date

500702.010.0025

Abdomen

789.0	symptoms involving abdomen / unspecified location
625.9	unspecified symptom of female gen.
569.42	anal or rectal pain

Arthritis

729.1	myalgia and myositis, unspecified
714.0	rheumatoid arthritis
715.91	Osteoarthritis / shoulder
715.94	Osteoarthritis / hand
715.95	Osteoarthritis / pelvic region and thigh
715.97	Osteoarthritis / ankle and foot
715.09	Osteoarthritis, generalized / multiple sites
733.00	Osteoporosis / unspecified
805.8	vertebral compression fracture

Cancer

198.3	Secondary malignant neoplasm / brain and spinal cord
162.9	Malignant neoplasm of bronchus and lung, unspecified
197.0	Secondary malignant neoplasm lung
153.9	malignant neoplasm of colon, unspecified
151.9	malignant neoplasm of the stomach, unspecified
157.9	Malignant neoplasm of pancreas, unspecified
174.9	Malignant neoplasm of female breast, unspecified
183.0	Malignant neoplasm of ovary
185	malignant neoplasm of prostate
733.13	pathologic fracture / of vertebrae

Cervical

524.6	Temporomandibular joint disorders
723.1	Pain in neck
723.4	Brachial neuritis or radiculitis NOS
847.0	Sprains and strains / neck
724.0	Cervical spondylosis without myelopathy
722.4	Degeneration of cervical intervertebral disc
723.0	Spinal stenosis in cervical region
722.71	Intervertebral disc disorders with myelopathy / cervical region
722.81	Post laminectomy syndrome / cervical region

Chest / Thoracic

847.1	Sprains and Strains / Thoracic
786.52	chest pain / painful respiration / pleuric
733.6	Hietze's disease
721.2	Thoracic spondylosis without myelopathy
722.51	degeneration of lumbar or lumbosacral intervertebral disc
724.1	pain in thoracic spine
722.11	thoracic intervertebral disc without myelopathy
737.3	kyphoscoliosis and scoliosis
807.0	fracture of ribs / closed / # of
724.4	Thoracic or lumbosacral neuritis or radiculitis, unspecified

Headache

784.0	facial pain
346.01	classical migraine / with intractable migraine (with aura)
346.11	common migraine / with intractable migraine (sick headache)
307.81	Tension Headache
346.2	variants of migraine
349.0	reaction to spinal or lumbar puncture

719.41	pain in joint / shoulder
719.45	pain in joint / pelvic & thigh
719.49	pain in joint / multiple sites
729.5	other disorder of soft tissue / pain in limb
354.0	carpal tunnel syndrome
726.32	lateral epicondylitis
726.1	rotator cuff syndrome

Lumbar

847.2	strains and sprains / lumbar
722.1	displacement thoracic lumbar disc
722.83	postlaminectomy syndrome / lumbar region
724.8	Facet Syndrome
720.2	sacroiliitis
724.02	spinal stenosis / lumbar
722.52	degeneration / lumbosacral intervertebral disc
724.3	lumbosacral spondylosis
724.2	lumbago
724.79	disorders of coccyx
355.0	lesion of sciatic nerve
322.9	meningitis, unspecified
349.2	disorders of meninges, not elsewhere classified

Nervous System

354.4	causalgia of upper limb
355.71	causalgia of lower limb
337.20	RSD, unspecified
337.21	RSD of upper limb
337.22	RSD of the lower limb

729.2	neuralgia, neuritis, and radiculitis, unspecified
723.4	brachial neuritis
353.8	other nerve root and plexus disorders
355.8	mononeuritis of lower limb, unspecified
355.1	neralgia paresthetica
340	multiple sclerosis
337.1	peripheral autonomic neuropathy
250.6	diabetes with neurological manifestations
351.8	other facial nerve disorders
350.1	trigeminal neuralgia

053.12	postherpetic trigeminal neuralgia
053.13	postherpetic polyneuropathy
053.19	other

Vascular

443.0	Raynaud's syndrome
443.9	peripheral vascular disease, unspecified

344.0	quadriplegia and paraparesis
344.1	paraplegia
348.8	other conditions of brain

Workers Compensation Original

Physician Signature: 

04/23/03 M 0113-00124
 BETTELYOUN, JAMES L
 151 28000
 Pain Management Diagnosis Worksheet
 00188100

Bettelheim, James
 42303
 9:00

500702.010.0026

CONSENT TO GENERAL CARE: The undersigned consents to general care for the patient identified above () at Cuyahoga Falls General Hospital, including diagnostic care and treatment performed at or by the Hospital, its employees and agents, and practitioners on the Medical Staff. These practitioners are independent contractors, not Hospital employees, and have the right to separately bill for their services.

AUTHORIZATION FOR THE RELEASE OF INFORMATION: The undersigned authorizes the Hospital and practitioners providing services to the patient to release medical and demographic information to billing agents of those performing professional services for a patient during the hospital visit. These disclosures are made to allow the Hospital and health care professionals to obtain payment for charges incurred as a result of this hospital visit. The undersigned acknowledges that this authorization may be revoked in writing at any time, except to the extent action was taken in reliance upon it. This authorization is valid for the time needed to process payment claims pertaining to this hospital visit and, unless earlier revoked, will expire two years after the date below. The undersigned and the patient release the Hospital, its employees and agents, from all legal liability arising from this authorization. This release applies to all medical information arising out of the patient's hospital visit (including HIV test results, AIDS diagnosis, AIDS-related conditions, alcohol, drug or psychiatric treatment, except as otherwise restricted by law) whether such information is given prior to, during or after discharge from the Hospital and specifically includes all information released in the pre-authorization, pre-certification, concurrent and retrospective review process whether such information is in verbal or written, original or copy form, and whether given personally, via telephone or otherwise. The Hospital may also disclose such information to any other hospital or health care provider from which the patient receives services.

NOTICE OF INDEPENDENT CONTRACTOR STATUS: Physicians who render professional services to you in Cuyahoga Falls General Hospital, other than residents and interns in training, are independent contractors and are not employees or agents of the hospital. Cuyahoga Falls General Hospital is not responsible for the acts or omissions of these physicians who are not under the direction and control of the hospital in the performance of their professional services.

ASSIGNMENT OF INSURANCE BENEFITS TO HOSPITAL: The undersigned assigns to the Hospital, and any practitioner who accepts assignment, any and all benefits, including major medical, that are payable to the patient for payment of medical care and treatment during this Hospital stay. The patient is responsible for charges not covered by an assignment. Should the account be referred for collection, the patient shall be responsible for any attorney's fees and collection expenses in addition to the amount being collected.

FALLS EMERGENCY PHYSICIANS, INC. Assignment of benefits: I hereby assign unto Falls Emergency Physicians, Inc. All hospitalization or medical insurance benefits payable to me or on my behalf by virtue of my admission or treatment in the Emergency Department on the date(s) below.

Non Medicare Patients: Responsibility for Payment of the bill: I understand that I am financially responsible for all charges.

Medicare Patients Only: I request payment of authorized Medicare benefits to Falls Emergency Physicians, Inc. And understand I am responsible for any co-payments or deductibles.

Release of Information: I authorize and consent to the release of information, from medical records, as requested by my insurance company or other reimbursing agency as required by any Federal, State, or Local law or regulation.

PERSONAL VALUABLES: It is understood that the Hospital maintains a safe for patient valuables and it is agreed that the Hospital will not be liable for any loss or damage to valuables brought to the Hospital. The Hospital requests that valuables not be brought to the Hospital.

ADVANCE DIRECTIVES: The undersigned acknowledges that the Hospital has taken the following action:
☐ Information requiring Advance Directives has been provided.
 When asked whether or not the patient has formulated an Advance Directive, the undersigned has responded (Check One):
☐ Yes, and a copy included in Medical Record.
☐ Yes, but a copy has not been presented.

RIGHTS AND RESPONSIBILITIES: The undersigned acknowledges receipt of an explanation of patient rights and responsibilities at the Hospital.

MEDICARE, AN IMPORTANT MESSAGE FROM MEDICARE: The undersigned acknowledges receipt of a notice entitled: "An Important Message from Medicare".

CHAMPUS, AN IMPORTANT MESSAGE FROM CHAMPUS: The undersigned acknowledges receipt of a notice entitled: "An Important Message From Champus/Champva".

MEDICARE: MSP QUESTIONNAIRE: The undersigned acknowledges that he or she has been asked the questions Medicare requires regarding Medicare Secondary Payors.

Signature of Patient, Closest Relative or Guardian

Date

Witness

Signature of Responsible Party &/or Insured

Date

Witness

Conditions of Admissions

Assignment of Benefits

04/23/03
 BETTEYUN, JAMES L
 GEIGER, ROBERT S
 MEDICAL PHYSICIAN
 00182943
 0113-00124

500702.010.0027

CUYAHOGA FALLS GENERAL HOSPITAL
1900 TWENTY-THIRD STREET - CUYAHOGA FALLS, OH 44223

PRINTED: 01/21/03 01:42am

OUTPATIENT RECORD

PATIENT INFORMATION:

BETLEYOUN, JAMES L
524 INNMAN ST *984 Boone Ct*
AKRON, OH, 44306
HOME PHONE: (330) 696-9852
WORK PHONE: (330) 848-6000

SS#: [REDACTED]-4898
DOB: [REDACTED]/51
AGE: 51Y SEX: M
M/S: D RACE: 1
REL: PRO ORGAN:
AMD:
CLASS LNG: E

PATIENT EMPLOYER:

B&C RESOURCE
842 NORTON AVE
BARBERTON, OH,
OCCUP: MACHINIST
EMP STATUS: FULL TIME

GUARANTOR INFORMATION:

BETLEYOUN, JAMES L
524 INNMAN ST
AKRON, OH, 44306
HOME PHONE: (330) 696-9852
WORK PHONE: (330) 848-6000

SS#: 288-50-4898
DOB: 10/22/51
AGE: 51Y SEX: M
REL: SELF

GUARANTOR EMPLOYER:

B&C RESOURCE
842 NORTON AVE
BARBERTON, OH,
OCCUP: MACHINIST
EMP STATUS: FULL TIME

CONTACT INFORMATION:

BETLEYOUN, TASHA

HOME PHONE: (330) 477-8381 WORK PHONE: EXT: REL: DAUGHTER

HOME PHONE: WORK PHONE: EXT: REL:

INSURANCE INFORMATION:

WORKERS COMPENSATION
BUREAU OF WORKERS' COMP.
COLUMBUS OH 43215

SUBSCRIBER INFO:

BETLEYOUN, JAMES L
REL: PATIENT IS INSU
PHONE:

POLICY NUMBERS:

ID: 288504894
GROUP: 94-517265
AUTH:

REL:
PHONE:

ID:
GROUP:
AUTH:

REL:
PHONE:

ID:
GROUP:
AUTH:

REL:
PHONE:

ID:
GROUP:
AUTH:

ENCOUNTER INFORMATION:

ADMT: 1115 BRESSI, JAMES P
ATTN: 1115 BRESSI, JAMES P
REF: 2154 GEIGER, ROBERT S

PREV ADM: 10/02/02

MRSA:
INJ INFO:

ARRIVAL MODE

SRC: 1 TYPE: 3 SVC: MED
LOCATION PNM

PT ALLERGIES:

ADM DX: 715.95-OSTEOARTHRIS NOS-PELVIS
WRK DX: 721.0-CERVICAL SPONDYLOSIS

ADM DATE: 01/21/03 TIME: 12:01am
D/C DATE: 01/21/03 AD REP ***
P/T: PNM ACCT#: 03021-00062
F/C 3 UNIT#: 00182943

ADMT COMMENT:

500702.010.0028



Cuyahoga Falls General Hospital
 1900 23rd Street
 Cuyahoga Falls, Ohio 44223

Patient Name BETLEYOUN, JAMES L		Sex Male	Birthdate 1951	Age 51	Medical Record Number 00182943	Account Number 0302100062
Admit Date 01/21/03		Discharge Date 01/21/03		LOS 1	Disposition O/P Disp to Home or Self	
Primary Pay Source BWC				Attending Physician BRESSI, JAMES P DO		ID Num. 1115
DRG Code 243	DRG Text MEDICAL BACK PROBLEMS				Discharge Service 90 ANESTHESIOLO	
DRG Weight 0.7418	Average LOS 4.7000	Geometric Mean LOS 3.7000		Outlier Threshold 0	Estimated Reimbursement 3737.30	
Coded Date 01/22/03		Coder CAR		Patient Type Outpatient		
Admit DX	Admit Diagnosis Text					
7210	CERVICAL SPONDYLOSIS WITHOUT MYELOPATHY					
Prin. DX	Principal Diagnosis Text					
7210	CERVICAL SPONDYLOSIS WITHOUT MYELOPATHY					
DX Code	Secondary Diagnosis Text					
7213	LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY					
Prin. RX	Principal Procedure Text				Date	Surgeon
RX Code	Secondary Procedure Text				Date	Surgeon
CPT Code and Modifier(s)	CPT Procedure Text				Date	Surgeon

Attending Physician Signature

Page 1 of 1

Date

500702.010.0029



CUYAHOGA FALLS GENERAL HOSPITAL

REGISTRATION FORM

MEDICAL RECORD		PT TYPE		SERVICE CODE		FIN CL		ACCOUNT NUMBER	
00182943		PNM		MED		3		02275-00097	
NAME Last		First		Middle		SOCIAL SECURITY NO.		AGE	
BETLEYOUN, JAMES L						4898		50Y	
BIRTHDATE		RACE		ROOM		BED		AD. DIR.	
10/22/51		1							
PATIENT ADDRESS		CITY		STATE		ZIP		AREA CODE/HOME PHONE	
24 INNMAN ST		AKRON		OH		44306		(330) 696-9852	
COUNTY		SEX		MIS					
SUMMIT		M		D					
EMPLOYER		EMPL STATUS		BUS PHONE		ARRIVAL MODE			
RESOURCE		FULL TIME		(330) 848-6000					
LOYER ADDRESS		CITY		STATE		ZIP		OCCUPATION	
2 NORTON AVE		BARBERTON		OH				MACHINIST	
NAME Last		First		Middle		SOCIAL SECURITY NO.		AGE	
BETLEYOUN, JAMES L						288-50-4898		50Y	
BIRTHDATE		AREA CODE/PHONE		RELATION					
10/22/51		(330) 696-9852		SELF					
GUARANTOR ADDRESS		CITY		STATE		ZIP		OCCUPATION	
24 INNMAN ST		AKRON		OH		44306		MACHINIST	
EMPLOYER		EMPLOYER ADDRESS		CITY		STATE		ZIP	
C RESOURCE		842 NORTON AVE		BARBERTON		OH			
NAME		AREA CODE/HOME PHONE		RELATIONSHIP					
BETLEYOUN, TASHA		(330) 477-8381		DAUGHTER					
ADDRESS		CITY		STATE		ZIP		AREA CODE/WORK PHONE	
CARRIER NAME		GROUP NO.		POLICY NO.		INSURED NAME		AUTHORIZATION NO.	
WORKERS COMPENSATION		94-517265		288504894		BETLEYOUN, JAMES L			
WORKERS COMP PROF FE		94-517265		288504894		BETLEYOUN, JAMES L			
Medical		501561883		MAG 02					
ADMITTING PHYSICIAN		ATTENDING PHYSICIAN		REFERRING PHYSICIAN		INJURY		INJ DATE & TIME	
BRESSI, JAMES P		1115 BRESSI, JAMES P							
ADMITTING DIAGNOSIS		DATE & TIME PRINTED							
15.95-OSTEOARTHRGS NOS-PELVIS		721.0-CERVICAL SPONDYLOSIS							
NOTES		OTHER FACILITY						FINAL VISIT DATE	
PNM PAIN MANAGEMENT								05/13/02	
ALLERGIES		ADMIT BY		ADMIT DATE		ADMIT TIME		DISCH DATE	
		***		10/02/02		12:01am		DISCH TIME	

SENT TO GENERAL CARE: The undersigned consents to general care for the patient identified above: **BETLEYOUN, JAMES L**

Cuyahoga Falls General Hospital, including diagnostic care and treatment performed at or by the Hospital, its employees and agents, and practitioners on its Medical Staff. These practitioners are independent contractors, not Hospital employees, and have the right to separately bill for their services.

AUTHORIZATION FOR THE RELEASE OF INFORMATION: The undersigned authorizes the Hospital and practitioners providing services to the patient to release medical and graphic information to any insurance carrier or other party that is, or may be, liable for Hospital or professional charges resulting from a hospital visit. The undersigned releases the release of this information to billing agents of those performing professional services for a patient during this hospital visit. These disclosures are made to allow the patient and health care professionals to obtain payment for charges incurred as a result of this hospital visit. The undersigned acknowledges that this authorization may be revoked at any time, except to the extent action was taken in reliance upon it. This authorization is valid for the time needed to process payment claims pertaining to this hospital visit, unless earlier revoked, will expire two years after the date below. The undersigned and the patient release the Hospital, its employees and agents, from all legal liability for this authorization. This release applies to all medical information arising out of the patient's hospital visit (including HIV tests results, AIDS diagnosis, AIDS-related conditions, alcohol, drug or psychiatric treatment, except as otherwise restricted by law) whether such information is given prior to, during or after discharge from the Hospital and includes all information released in the pre-authorization, pre-certification, concurrent and retrospective review process whether such information is in verbal or written form or copy form, and whether given personally, via telephone or otherwise. The Hospital may also disclose such information to any other hospital or health care provider from whom the patient receives services.

ASSIGNMENT OF INSURANCE BENEFITS TO HOSPITAL: The undersigned assigns to the Hospital, and any practitioner who accepts assignment, any and all benefits, including medical, that are payable to the patient for payment of medical care and treatment during this Hospital stay. The patient is responsible for charges not covered by insurance. Should the account be referred for collection, the patient shall be responsible for any attorney's fees and collection expenses in addition to the amount being collected.

VALUABLES: It is understood that the Hospital maintains a safe for patient valuables and it is agreed that the Hospital will not be liable for any loss or damage to valuables brought to the Hospital. The Hospital requests that valuables not be brought to the Hospital.

ADVANCE DIRECTIVES: The undersigned acknowledges that the Hospital has taken the following action:
Information regarding Advance Directives has been provided.

asked whether or not the patient has formulated an Advance Directive, the undersigned has responded (Check One):

- ☐ Yes, and a copy included in Medical Record.
☐ Yes, but a copy has not been presented.

RIGHTS AND RESPONSIBILITIES: The undersigned acknowledges receipt of an explanation of patient rights and responsibilities at the Hospital.

MEDICARE, AN IMPORTANT MESSAGE FROM MEDICARE: The undersigned acknowledges receipt of a notice entitled: "An Important Message From Medicare".

CHAMPUS, AN IMPORTANT MESSAGE FROM CHAMPUS: The undersigned acknowledges receipt of a notice entitled: "An Important Message From Champus/Champva".

MEDICARE MSP QUESTIONNAIRE: The undersigned acknowledges that he or she has been asked the questions Medicare requires regarding Medicare Secondary Payers.

James L. Betleyoun
Signature of Patient, Closest Relative or Guardian

James L. Betleyoun
Signature of Responsible Party and/or Insured

0852-008 S (rev. 8-99)

MEDICAL RECORDS

500702.010.0030

Cuyahoga Falls General Hospital
1900 TWENTY-THIRD STREET CUYAHOGA FALLS, OH 44223

Date:	Name	Acct #	Financial Class		
10/04/02	BETLEYOUN, JAMES L	02275-00097	3 - BWC		
Sex	Birth Date	Age	Adm Date	Dsch Date	LOS
M	██████/51	50Y	10/02/02	10/02/02	1
Attending Physician			Discharge Status		
BRESSI, JAMES P			A1 - O/P DISP TO HOME OR SELF		
Coder: LB					

MDC: 08 DISEASES/DISORDERS OF THE MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE
DRG: 243 BACK DISORDER, MED

OUTLIER STATUS: COST OUTLIER

DIAGNOSIS	DESCRIPTION
1. (P) 721.0	CERVICAL SPONDYLOSIS
2. 070.51	HPT C ACUTE WO HPAT COMA
3. 721.3	LUMBOSACRAL SPONDYLOSIS

PROCEDURE DESCRIPTION

DATE

SURGEON NAME

I CERTIFY THAT THE NARRATIVE DESCRIPTIONS OF THE PRINCIPAL AND SECONDARY DIAGNOSIS AND THE MAJOR PROCEDURES PERFORMED ARE ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

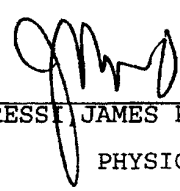
BETLEYOUN, JAMES L

00182943

02275-00097

00080131

10/04/02


BRESSI, JAMES P

DO

PHYSICIAN ATTESTATION FORM

500702.010.0031

Abdomen

789.0	symptoms involving abdomen / unspecified location
625.9	unspecified symptom of female gen.
569.42	anal or rectal pain

Arthritis

729.1	myalgia and myositis, unspecified
714.0	chronic arthritis
715.91	Osteoarthritis / shoulder
715.94	Osteoarthritis / hand
715.95	Osteoarthritis / pelvic region and thigh
715.97	Osteoarthritis / ankle and foot
715.99	Osteoarthritis, generalized / multiple sites
733.60	Osteoporosis / unspecified
805.8	vertebral compression fracture

Cancer

198.3	Secondary malignant neoplasm / brain and spinal cord
162.9	Malignant neoplasm of bronchus and lung, unspecified
197.0	Secondary malignant neoplasm lung
163.9	malignant neoplasm of colon, unspecified
161.9	malignant neoplasm of the stomach, unspecified
167.9	Malignant neoplasm of pancreas, unspecified
174.9	Malignant neoplasm of female breast, unspecified
183.0	Malignant neoplasm of ovary
185	malignant neoplasm of prostate
733.13	pathologic fracture / of vertebrae

Cervical

524.6	Temporomandibular joint disorders
723.1	Pain in neck
723.4	Brachial neuritis or radiculitis NOS
847.0	Sprains and strains / neck
721.0	Cervical spondylosis without myelopathy
722.4	Degeneration of cervical intervertebral disc
723.0	Spinal stenosis in cervical region
722.71	Intervertebral disc disorders with myelopathy / cervical region
722.81	Post laminectomy syndrome / cervical region

Chest / Thoracic

847.1	Sprains and Strains / Thoracic
706.52	chest pain / painful respiration / pleuritic
733.6	Yersin's disease
721.2	Thoracic spondylosis without myelopathy
722.51	degeneration of thoracic or thoracolumbar intervertebral disc
724.1	pain in thoracic spine
722.11	Thoracic intervertebral disc without myelopathy
737.3	Kyphoscoliosis and scoliosis
807.0	fracture of ribs / closed / if
724.4	Thoracic or lumbosacral neuritis or radiculitis, unspecified

Headache

784.0	facial pain
346.01	classical migraine / with intractable migraine (with aura)
346.11	common migraine / with intractable migraine (sick headache)
307.81	Tension Headache
346.2	variants of migraine
349.0	reaction to spinal or lumbar puncture

Joints

719.41	pain in joint / shoulder
719.45	pain in joint / pelvic & thigh
719.49	pain in joint / multiple sites
728.5	other disorder of soft tissue / pain in limb
264.9	carpal tunnel syndrome
728.32	lateral epicondylitis
728.1	rotator cuff syndrome

Lumbar

847.2	strains and sprains / lumbar
722.1	displacement thoracic lumbar disc with out myel
722.83	postlaminectomy syndrome / lumbar region
724.8	Facet Syndrome
720.2	sacroiliitis
724.02	spinal stenosis / lumbar
722.52	degeneration / lumbosacral intervertebral disc
721.3	lumbosacral spondylosis with out myelopathy
724.2	lumbago
724.79	disorders of coccyx / other
355.9	lesion of sciatic nerve
322.9	neuritis, unspecified
349.2	disorders of meninges, not elsewhere classified

Nervous System

354.4	contusion of upper limb
355.71	contusion of lower limb
337.20	RSD, unspecified
337.21	RSD of upper limb
337.22	RSD of the lower limb

729.2	neuritis, neuritis, and radiculitis, unspecified
723.4	brachial neuritis
353.8	other nerve root and plexus disorders
355.8	mononeuritis of lower limb, unspecified
355.1	neuritis parasthetica
340	multiple sclerosis
337.1	peripheral autonomic neuropathy
250.6	diabetes with neurological manifestations
351.8	other facial nerve disorders
350.1	trigeminal neuritis

953.12	postherpetic trigeminal neuritis
953.13	postherpetic polyneuropathy
953.19	other

Vascular

443.0	Raynaud's syndrome
443.9	peripheral vascular disease, unspecified

344.0	quadriplegia and quadriplegia
344.1	paraplegia
348.8	other conditions of brain

Workers Compensation Original

Physician Signature: Pain Management Diagnosis Worksheet
Cuyahoga Falls General Hospital10/12/02 M 02275-0097
BETTEY, JAMES L.
FACILITY: JAMES P. BETTEY
SCS

500702.010.0032

02156-00203

6-502



Cu, Iowa Falls
General Hospital

Betty Ann James

PRINCIPAL DIAGNOSES: (One diagnosis only)

Cervical spondylosis

CODE No.

721.0

OTHER DIAGNOSES (To include complaints and symptoms)

Lumbar spondylosis

CODE No.

721.3

Degenerative joint Left hip

715.35

OPERATIONS/PROCEDURES

new patient consultation
Drug screen

CODE No.

DICTATED BY

DATE

DISCHARGE DATE

I certify that the narrative descriptions of the principal and secondary diagnoses and the major procedure performed are accurate and complete to the best of my knowledge.

SIGNATURE OF ATTENDING PHYSICIAN

DATE

108524004 D (rev 6-89)

FACE SHEET

500702.010.0033